

Foster Family Home - Corrective Action Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

1637 Ahihi Street

Honolulu

HI 96819

Review ID: 1-510190-7

Reviewer: David Ayling

Begin Date: 8/9/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 8/9/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date